


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

02888

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90153 029 \*\*\*150.00

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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |                                                                                                                                                         | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                        |  |
| <b>DOCUMENT # G01052</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                             |                                                                                                                                                         |                                                                                                                                                 |  |
| 1. Corporation Name<br><b>ARMCHEM INTERNATIONAL CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                             |                                                                                                                                                         |                                                                                                                                                 |  |
| Principal Place of Business<br><b>3563 NW 53RD COURT<br/>FT. LAUDERDALE FL 33309<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                             | Mailing Address<br><b>3563 N.W. 53 COURT<br/>FT. LAUDERDALE FL 33309<br/>US</b>                                                                         |                                                                                                                                                 |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25                                                                                                                                                                                                                                                                                                                                                          |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30 |                                                                                                                                                         | 3. Date Incorporated or Qualified<br><b>09/20/1982</b>                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                             |                                                                                                                                                         | 4. FEI Number<br><b>59-2220913</b>                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                             |                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                             |                                                                                                                                                         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                             |                                                                                                                                                         | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>BRANMS, ANDREW<br/>3563 NW 53RD COURT<br/>SUITE 116<br/>FT LAUDERDALE FL 33309</b>                                                                                                                                                                                                                                                                                                                        |  |                                                                                             | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |                                                                                                                                                 |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                                                                             |                                                                                                                                                         |                                                                                                                                                 |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                          |  |                                                                                             |                                                                                                                                                         |                                                                                                                                                 |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                   |                                                                                                                                                 |  |
| TITLE <b>PD</b> <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                             | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |                                                                                                                                                 |  |
| NAME <b>BRAHMS, ANDREW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                             | 12 NAME                                                                                                                                                 |                                                                                                                                                 |  |
| STREET ADDRESS <b>3563 NW 53RD COURT</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                             | 13 STREET ADDRESS                                                                                                                                       |                                                                                                                                                 |  |
| CITY-STATE-ZIP <b>FT. LAUDERDALE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                             | 14 CITY-STATE-ZIP                                                                                                                                       |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                             | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                             | 22 NAME                                                                                                                                                 |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 23 STREET ADDRESS                                                                                                                                       |                                                                                                                                                 |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 24 CITY-STATE-ZIP                                                                                                                                       |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                             | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                             | 32 NAME                                                                                                                                                 |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 33 STREET ADDRESS                                                                                                                                       |                                                                                                                                                 |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 34 CITY-STATE-ZIP                                                                                                                                       |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                             | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                             | 42 NAME                                                                                                                                                 |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 43 STREET ADDRESS                                                                                                                                       |                                                                                                                                                 |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 44 CITY-STATE-ZIP                                                                                                                                       |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                             | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                             | 52 NAME                                                                                                                                                 |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 53 STREET ADDRESS                                                                                                                                       |                                                                                                                                                 |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 54 CITY-STATE-ZIP                                                                                                                                       |                                                                                                                                                 |  |
| TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                             | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |                                                                                                                                                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                             | 62 NAME                                                                                                                                                 |                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 63 STREET ADDRESS                                                                                                                                       |                                                                                                                                                 |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                             | 64 CITY-STATE-ZIP                                                                                                                                       |                                                                                                                                                 |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date Daytime Phone #

CR2E034 (1/98)